



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: PT03452U
In re Application of	TONG, CHUNG	
Application Number	09/627,170	Filed 7/27/2000
For	CONTROLLING TRANSMIT DUTY CYCLE BY POSITION OF COVER	
Group Art Unit	2661	Examiner KADING, JOSHUA A.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows:		(Check time period desired):
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 410.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 930.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1450.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1970.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 50-2117	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 46,148)	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____	
7/29/04 Date		 Signature RANDI L. KARPINIA Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class or express mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:		
Name (Print/Type) Silvana Wiltshire		
Signature		Date 7/29/04
Express Mail Label No. _____		

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